

STATE OF RHODE ISLAND
DIVISION OF TAXATION - EMPLOYER TAX SECTION

ONE CAPITOL HILL STE 36, PROVIDENCE, RI 02908 - 5829
 Telephone - (401) 574-8700 Fax (401) 574-8940

www.uitax.ri.gov

EMPLOYER TERMINATION OF REGISTRATION REPORT

R. I. Reg. No. _____

Person having custody of Books and Records

1. EMPLOYER
NAME _____

BUSINESS
ADDRESS _____

CITY,
STATE _____

zip code _____

2. NAME _____

ADDRESS _____

CITY, STATE,
ZIP CODE _____

3. (a) Reason for Termination of Registration:

Sale ☐

Lease ☐

Foreclosure ☐

Liquidation ☐

Death of Owner ☐

Receivership ☐

Reorganization ☐

Bankruptcy ☐

Merger ☐

Other (Explain) ☐ _____

(b) What percentage of the business was transferred? (If Applicable) _____

(c) Date of Action in 3(a) above _____

(d) Date of Last Payroll _____

(e) Give the following information concerning Owners, Partners, Corporate Officers, etc.:

NAME	HOME ADDRESS & ZIP CODE	TITLE	TEL. NO.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. (a) Name of new business (If any): _____

(b) Name, address and ZIP code of New Owners, (If any):

Tel. No. _____

5. (a) Are you continuing any other business in Rhode Island ? YES ☐ NO ☐

If Yes,

(b) Name, address and zip code of Continuing Business:

DATE

SIGNATURE

TITLE

THIS FORM MUST BE SIGNED